

Environmental Assessment Checklist for Tenants of Public Housing

A Project of the

**Department of Environmental Health
Boston University School of Public Health**

**Environmental Health Policy Information Project
Tufts School of Medicine**

Staff of the South Boston Community Health Center

and

Tenants of West Broadway Housing

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COVER PAGE

Survey # _____

Building Address: _____

Floor of Apartment (check more than one if multi-story):

- ☐ First
- ☐ Second
- ☐ Third

Roof:

- ☐ Pitched (not cosmetic)
- ☐ Flat

Building:

- ☐ Renovated
 - ☐ First renovation
 - ☐ Second renovation
- ☐ Not renovated

This page will be separated from the survey answers. This is a confidential survey, your address will not be attached to the answers that you provide and the fact that you filled out the survey will not be reported in any way. Please answer all the questions that you can.

Survey #: _____

A) BACKGROUND

1) How long have you lived in public housing?

_____ years

2) How long have you lived in West Broadway housing?

_____ years

3) Do you receive medical services at South Boston Community Health Center?

☐ Yes ☐ No

B) QUESTIONS ABOUT YOUR BUILDING

4) Are common areas (entryway and hallway, grounds) generally kept clean?

☐ Yes ☐ No

5) Is a mat provided for tenants and visitors to wipe their shoes before entering the building?

☐ Yes ☐ No

6) Are the dumpsters for your building generally collected:

☐ Before they overflow
☐ After they overflow

7) Can you ever smell the dumpsters from your apartment?

☐ Yes ☐ No

8) Is there a basement?

☐ Yes ☐ No ☐ Don't know

9) If there is a basement, do tenants/children have access to it?

☐ Yes ☐ No ☐ Don't know

10) Estimate how often renovations (such as painting, construction and other major repairs) were taking place in your building (including your apartment) during the last year.

☐ Less than one week
☐ Between one week and one month
☐ Between one month and 2 months
☐ Between two months and 6 months
☐ More than 6 months

11) When major renovations were done, were affected tenants relocated?

☐ Yes ☐ No

12) After renovations were completed, were apartments thoroughly cleaned and restored to good condition?

☐ Yes ☐ No

13) Do you know of cases where hazardous materials (for example solvents, lead paint, asbestos) have been used in your building?

☐ Yes ☐ No

14) If you know of such cases, have you ever been notified prior to their use?

☐ Yes ☐ No

15) What type of pesticide application is provided by Boston Housing Authority (BHA)? Check all that apply.

☐ Spray ☐ Mouse or rat traps
☐ Gel ☐ Mouse or rat bait
☐ Gas
☐ None
☐ Other _____

16) Are you always notified in advance of pesticide application arranged by BHA in your apartment/building?

☐ Yes ☐ No

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17) Do you leave your apartment during pesticide application?

☐ Yes ☐ No

18) Are the doors to your entryway locked at all times that they are not in use?

☐ Yes ☐ No

C) QUESTIONS ABOUT YOUR APARTMENT

STRUCTURAL CONDITION

19) Are there cracks in the walls? Please show the location with a "1" on the floorplan.

☐ Yes ☐ No (GOTO #21)

20) If yes, are any of these greater than 12 inches in length?

☐ Yes ☐ No

21) Are there any holes in the walls of your apartment? If so, show the location with a "2" on the floorplan.

☐ Yes ☐ No (GOTO #23)

22) If yes, are any of these greater than 12 inches across?

☐ Yes ☐ No

23) Are any doors broken (holes or cracks) or not working? Show which doors with a "3" on the floorplan.

☐ Yes ☐ No

24) Are there any holes or cracks in the ceiling? Show the location with a "4" on the floorplan.

☐ Yes ☐ No (GOTO #26)

25) If yes, are any of these greater than 12 inches across?

☐ Yes ☐ No

26) Have you seen any water leak from the ceiling or see a water stain appear or grow during the past year? Mark the locations with a "5" on the floorplan?

☐ Yes ☐ No (GOTO #28)

27) If you answered yes to the last question, please mark all the times that the ceiling leaks:

☐ Every time it rains

☐ Sometimes when it rains

☐ When the snow melts

☐ When tap water is used

☐ All the time

☐ Don't know

☐ Other _____

28) Have you seen any water leak from walls or see a water stain appear or grow during the past year? Mark them with a "6" on the floorplan?

☐ Yes ☐ No (GOTO #30)

29) If there are wall leaks, when do they occur (check all that apply)?

☐ Every time it rains

☐ Sometimes when it rains

☐ When the snow melts

☐ When water is used

☐ All the time

☐ Don't know

☐ Other _____

30) Are there leaks from toilets, tubs or sinks in the apartment? Show the location with a "7" on the floorplan.

☐ Yes ☐ No

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31) If you have rugs or carpeting do they have:

- ☐ Water stains greater than 12 inches
- ☐ Other stains greater than 12 inches
- ☐ Visible dust
- ☐ None of the above (GOTO #33)
- ☐ No rugs or carpeting

32) If yes, is any of the damage greater than 12 inches across?

- ☐ Yes
- ☐ No

33) Are there any stains other than from water on walls, ceilings or floors? Show location with a "9" on the floorplan.

- ☐ Yes
- ☐ No (GOTO #35)

34) If yes, are any of the stains greater than 12 inches across?

- ☐ Yes
- ☐ No

35) Do any of the radiators leak? Show which ones leak with a "10" on the floorplan.

- ☐ Yes
- ☐ No

36) Have you ever noticed that water condenses on the walls, ceiling or floor of your apartment (not including the bathroom after a shower)? Show where with a "11" on the floorplan.

- ☐ Yes
- ☐ No

37) In the past year, have you smelled mold or other biological growth in your apartment? If it is in a particular room(s). Show which one(s) with an "12" on the floor plan.

- ☐ Yes
- ☐ No

38) Are there cracks or holes in the floors? Show where the floor damage is located with a "13" on the floor plan?

- ☐ Yes
- ☐ No (GOTO #40)

39) If yes, are any of these greater than 12 inches across?

- ☐ Yes
- ☐ No

40) Are any of your windows and screens difficult to open or close? Mark those that do not open easily with a "14" on the floorplan.

- ☐ Yes
- ☐ No

41) Do any of the windows not stay open?

- ☐ Yes
- ☐ No

42) Are any of the windows cracked or damaged in other ways? Show location of damaged windows with a "15" on the floorplan.

- ☐ Yes
- ☐ No

43) Are your windows weather tight so that water or wind can not get through when they are closed?

- ☐ Yes
- ☐ No

44) Do all the windows have screens? Show any windows without screens with a "16" on the floorplan.

- ☐ Yes
- ☐ No

45) Is there chipping or peeling paint (excluding furniture)? Show location(s) with a "17" on the floorplan.

- ☐ Yes
- ☐ No

46) Has BHA notified you that your apartment is free of lead paint?

- ☐ Notified that there is lead
- ☐ Notified that there is no lead
- ☐ Not notified

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47) Is there any insulation that is exposed in your apartment (for example, through a damaged wall or on exposed piping)? Show the location with a "18" on the floorplan.

☐ Yes ☐ No

48) Is there any electrical wiring in walls, ceilings or floors of the apartment that is exposed, frayed or not working? Show the location with a "19" on the floorplan.

☐ Yes ☐ No

REPAIRS AND RENOVATIONS

49) Does BHA have a process by which you can request repairs to your apartment?

☐ Yes ☐ No ☐ Don't know

50) Briefly describe the process by which you request repairs.

51) During the last year, on how many different occasions did you request repairs?

52) If you made a request for repairs during the last year, how long after submitting the request were repairs made (list each instance)?

Case # 1 _____ days
Case # 2 _____ days
Case # 3 _____ days
Case # 4 _____ days
Case # 5 _____ days

53) Have you made repeated requests for the same problem?

☐ Yes ☐ No

54) Is your apartment routinely inspected by the BHA?

☐ Yes ☐ No (GOTO #59)

55) How often is it inspected?

☐ Once a year
☐ Twice a year
☐ 3 or more times a year

56) Do you receive a written report from the inspector after each inspection?

☐ Yes ☐ No

57) How long has it taken for repairs to be made following a routine inspection? List all examples in the last year.

Case #1 _____ days ☐ Never
Case #2 _____ days ☐ Never
Case #3 _____ days ☐ Never
Case #4 _____ days ☐ Never
Case #5 _____ days ☐ Never

58) Do you feel that BHA inspectors are responsive to concerns that you have?

☐ Yes ☐ No

VENTILATION

59) Do you feel that there is enough fresh air in your apartment?

☐ Yes ☐ No

60) Is the air in your apartment stuffy?

☐ Yes ☐ No

61) Is your apartment drafty?

☐ Yes ☐ No

62) Are there exhaust fans in the bathrooms?

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☐ Yes ☐ No (GOTO #64)

63) Do the exhaust fans work?

☐ Yes ☐ No

64) Describe any persistent odors in your apartment during the past year:

65) Have you ever used an air filtering device?

☐ Yes ☐ No

66) Have you used an humidifier during the past year because the air was too dry?

☐ Yes ☐ No (GOTO #68)

67) Is the humidifier:

☐ Hot steam
☐ Cool mist

68) Have you used an ozone generator to get rid of odors during the past year?

☐ Yes ☐ No

HEATING

69) How is the apartment heated?

☐ Steam heat (radiators)
☐ Blown hot air
☐ Electric heat
☐ Other: _____

70) Is the apartment too hot during the winter?

☐ Yes ☐ No

71) Do you leave the windows open during cold weather to cool the apartment?

☐ Yes ☐ No

72) Is the apartment too cold during the winter?

☐ Yes ☐ No

73) Do you ever use the oven to heat your apartment?

☐ Yes ☐ No

74) Do you have a thermostat to control temperature in your apartment?

☐ Yes ☐ No (GOTO #76)

75) Does the thermostat allow you to adequately control the heat supplied?

☐ Yes ☐ No

76) In the fall, does heating usually start:

☐ Too late
☐ Too early
☐ About right

77) In the Spring does the heating end:

☐ Too late
☐ Too early
☐ About right

78) Are there steam pipes in the walls or floor that heat the apartment even when the radiators are turned off? Show location with a "20" on the floorplan.

☐ Yes ☐ No

79) Do walls or floors covering these steam pipes ever get hot enough to burn the skin? Show the location with a "21" on the floorplan.

☐ Yes ☐ No

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80) Are there exposed hot surfaces on the radiators that might burn the skin? Show their locations with a "22" on the floor plan.

☐ Yes ☐ No

81) To your knowledge, have the steam pipes ever broken since you've lived in the apartment?

☐ Yes ☐ No

AIR CONDITIONING

82) Does your apartment have air conditioning?

☐ Yes ☐ No (GOTO #91)

83) Is the air conditioning:

☐ Central air conditioning (GOTO # 85)

☐ Window units

84) Are window units generally in good repair?

☐ Yes ☐ No

85) If you have central air conditioning, do you have control over how much it cools your apartment?

☐ Yes ☐ No

86) Is your apartment ever too cold during the summer when air conditioning is on?

☐ Yes ☐ No

87) Is your apartment ever too hot during the summer when air conditioning is on?

☐ Yes ☐ No

88) Are air conditioning and heating ever running at the same time?

☐ Yes ☐ No (GOTO # 91)

89) When are air conditioning and heating on at the same time?

☐ Spring

☐ Summer

☐ Fall

☐ Winter

90) Why are air conditioning and heating on at the same time?

APPLIANCES

91) Mark all major appliances in your apartment that need repairs:

☐ Stove

☐ Refrigerator

☐ Washer

☐ Dryer

☐ Other: _____

92) What type of stove is in your kitchen?

☐ Gas

☐ Electric (GOTO #94)

☐ Other (GOTO # 94):

93) If your stove is gas, is there a vent to the outside above the stove?

☐ Yes ☐ No ☐ Don't know

94) If you have a clothes dryer inside the apartment is it vented to the outside?

☐ Yes ☐ No ☐ No dryer

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LOCATION

95) Mark all of the following that you know to be close to your apartment:

- | Within
1 block | Within
3 blocks |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Factory |
| <input type="checkbox"/> | <input type="checkbox"/> Auto body shop |
| <input type="checkbox"/> | <input type="checkbox"/> Gas station |
| <input type="checkbox"/> | <input type="checkbox"/> Dry cleaner |
| <input type="checkbox"/> | <input type="checkbox"/> Expressway |
| <input type="checkbox"/> | <input type="checkbox"/> Surface train line |
| <input type="checkbox"/> | <input type="checkbox"/> Large parking lot |
| <input type="checkbox"/> | <input type="checkbox"/> Power plant |
| <input type="checkbox"/> | <input type="checkbox"/> Trash transfer station |
| <input type="checkbox"/> | <input type="checkbox"/> Trashy vacant lot |

96) List any other sources of outdoor pollution within 3 blocks of your apartment:

97) How many blocks is your apartment from West Broadway Street?

98) How often was there construction on the street next to your apartment in the last year?

- ☐ There was none (GOTO # 100)
- ☐ Between 1 and 5 days
- ☐ Between 6 and 15 days
- ☐ Between 16 and 30 days
- ☐ More than 30 days

99) If there was construction during the past year, did dust from the construction get inside your apartment?

- ☐ Yes ☐ No

100) If there is a reason that you feel that you cannot close your windows to keep dust out, please explain?

HAZARDOUS MATERIALS

101) Mark all of the following hazardous household products that you personally have used in the past 30 days.

- ☐ Paint
- ☐ Pesticide
- ☐ Motor oil
- ☐ Bleach (i.e. Chlorox)
- ☐ Ammonia
- ☐ Drain cleaner
- ☐ Other: _____

102) Does anyone in your apartment work at a job that could result in hazardous materials being brought home on dirty work clothes/boots (for example, construction, factory work)?

- ☐ Yes ☐ No (GOTO #104)

103) If a member of the household works in a hazardous job, do they change clothes before coming home?

- ☐ Yes ☐ No

104) Mark all office equipment in your apartment?

- ☐ Copier
- ☐ Fax
- ☐ Other: _____
- ☐ None

Survey #: _____

105) Does anyone store or use work materials in your apartment?

- ☐ Cosmetology (nails sculpting)
- ☐ Auto repair (motor oil)
- ☐ Ceramics (pottery)
- ☐ Construction (painting)
- ☐ None
- ☐ Other: _____

RUGS AND CARPETING

106) Do you have rugs or carpeting?
☐ Yes ☐ No (GOTO #109)

107) How much of the floor space in your apartment is covered by carpet or rugs:

- ☐ Not much
- ☐ Some
- ☐ About half
- ☐ Most
- ☐ All

108) If any carpeting is new, does it release a chemical type smell or odor?

- ☐ Yes ☐ No ☐ None new

ANIMALS INSECTS AND PLANTS

109) What type of pets do you have and how many?

- ☐ Dogs # _____
- ☐ Cats # _____
- ☐ Birds # _____
- ☐ Fish # _____
- ☐ Turtles # _____
- ☐ Other: _____

110) Do you use flea control chemicals on your pets?

- ☐ Yes ☐ No

111) How often do you or your family personally use pesticides in your apartment?

- ☐ Every day
- ☐ Once a week
- ☐ Once a month
- ☐ A few times a year
- ☐ Never

112) Are there visible indications of cockroaches in or around the building?

- ☐ Yes ☐ No

113) Are there visible indications of mice and rats in or around the building?

- ☐ Yes ☐ No

SMOKING

114) Do you smoke?

- ☐ Yes ☐ No

115) How many occupants of your apartment, including yourself, smoke?

116) Do you ever prohibit smoking in your apartment?

- ☐ Yes ☐ No (GOTO #119)

117) During which hours is smoking prohibited in your apartment?

- ☐ After school to bedtime
- ☐ All the time
- ☐ When someone requests
- ☐ Other: _____

Survey #: _____

118) If smoking is prohibited in your apartment, can you ever smell smoke from other apartments in your building?

☐ Yes ☐ No

FIRE SAFETY

119) How many smoke detectors are in the apartment?

120) Do the smoke detectors work?

☐ Yes ☐ No ☐ Don't know

121) To your knowledge, when was the last time that smoke detectors were tested?

____/____ ☐ Don't know ☐ Never

Month/Year

CHILD SAFETY

(If there are no children under age 10 in your apartment, GOTO #130)

122) If your apartment is above the first floor, are there guards to prevent children from falling? Show any windows without guards with a "23" on the floorplan.

☐ Yes ☐ No
☐ First floor apartment

123) Do children know what to do in the event of a fire?

☐ Yes ☐ No

124) Are medicines and hazardous chemicals kept out of reach of children?

☐ Yes ☐ No

125) Are unused electrical outlets covered?

☐ Yes ☐ No

126) Are emergency numbers posted on a location near the phone?

☐ Yes ☐ No

127) Are lighters and matches out of the reach of children?

☐ Yes ☐ No

128) Do you make sure that children are never left unattended around open containers of water, such as a bathtub?

☐ Yes ☐ No

129) Is the hot water from taps too hot (so that it burns the skin)?

☐ Yes ☐ No

D. RECORD KEEPING

130) Is there a record keeping system for building-related problems reported by tenants?

☐ Yes ☐ No (GOTO #132)
☐ Don't know (GOTO #132)

131) Do tenants have easy access to the records?

☐ Yes ☐ No

E. TENANT INVOLVEMENT

132) Are you a member of any tenant organization?

☐ Yes ☐ No

133) Is there a tenant committee that deals with building related problems?

☐ Yes ☐ No (GOTO #138)
☐ Don't know (GOTO #138)

134) Is it easy to reach the Chairperson or other members of the committee if you have a concern?

☐ Yes ☐ No ☐ Never tried

Survey #: _____

135) Are committee meetings publicized so that you hear about them?

☐ Yes ☐ No

136) To your knowledge, has the committee ever addressed issues such as those in this survey?

☐ Yes ☐ No ☐ Don't know

137) Do you think that the committee would be interested in these issues?

☐ Yes ☐ No ☐ Don't know

F. HEALTH

138) Has a doctor (or nurse practitioner) ever told you that you have asthma?

☐ Yes ☐ No

(If yes, please refer to the SBCHC program.)

139) How many people currently living in your apartment (other than yourself) have been told by a doctor (or nurse practitioner) that they have asthma?

of children (<18 years old): _____

of adults (>18 years old): _____

140) Has a doctor (or nurse practitioner) ever told you that you have allergies?

☐ Yes ☐ No

141) How many people currently living in your apartment (other than yourself) have been told by a doctor (or nurse practitioner) that they have allergies?

of children (<18 years old): _____

of adults (>18 years old): _____

142) Has a doctor (or nurse practitioner) ever told you that you have any other lung disease?

☐ Yes ☐ No

143) How many people living in your apartment (other than yourself) have been told by a doctor (or nurse practitioner) that they have some other lung disease?

of children (<18 years old): _____

of adults (>18 years old): _____

144) In the past 12 months, have you or anyone else living with you had a medical emergency requiring hospital care due to an asthma attack?

☐ Yes ☐ No (GOTO #146)

145) If someone in your apartment required emergency medical attention for asthma, was it:

You, yourself?

☐ Yes, # of times _____ ☐ No

Any children (<18 years)?

☐ Yes, # of times _____ ☐ No

Adults (other than yourself) (>18 years old)?

☐ Yes, # of times _____ ☐ No

Survey #: _____

146) Have you experienced any of the following symptoms, while in your apartment, during the last month?

Dizziness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excessive tiredness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nosebleeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blurred vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sneezing attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inner ear infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin rashes/problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burning/itching eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore or dry throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No

147) Did any of these symptoms go away when you were not in your apartment?
☐ Yes ☐ No

148) During which seasons do symptoms most often occur (mark all that apply)?
☐ Spring ☐ Summer
☐ Fall ☐ Winter

149) Are there any building-related concerns that you would like to report that have not been covered in this survey?

G. DEMOGRAPHICS

150) When were you born?

Month: _____

Day: _____

Year: _____

151) How many children under age 18 live in your apartment with you?

152) Not including yourself, how many adults over age 18 live in your apartment with you?

153) Are you:
☐ Male ☐ Female

154) Are you:
☐ White
☐ Asian
☐ Black
☐ Native American
☐ Other

155) Are you:
☐ Hispanic
☐ Not Hispanic

156) Were you born in the United States?
☐ Yes ☐ No

OPTIONAL

157) Please indicate your family income for 1997:

☐ Under \$5,000
☐ \$5,000 to \$9,999
☐ \$10,000 to \$14,999
☐ \$15,000 to \$19,999
☐ \$20,000 to \$24,999
☐ \$25,000 or more